

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90001 025 ***550.00

DOCUMENT # P03000152146

1. CASTRO CONSTRUCTION &
Development INC.



DO NOT WRITE IN THIS SPACE

54069706

2. Principal Place of Business

8617 JACKSON SPRINGS
Suite, Apt. #, etc. RD

3. Mailing Address

8617 JACKSON SPRINGS RD
Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

26-0076727

Applied For

Not Applicable

Zip

33615

Country

HILLSBOROUGH

Zip

33615

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MIGUEL S CASTRO

Street Address (P.O. Box Number is Not Acceptable)

8617 JACKSON SPRINGS RD

City

TAMPA

FL

Zip Code

33615

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President V-T-S
NAME MIGUEL S CASTRO
STREET ADDRESS 8617 JACKSON SPRINGS RD
CITY-ST-ZIP TAMPA FL 33615

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL S. CASTRO 8/19/04 P86-5526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E034B (12/02)